

**LINDEN HILLS NEIGHBORHOOD COUNCIL
REQUEST FOR PAYMENT**

(submit within 60 days of purchase)

Make check payable to: _____

Send check to this address: _____

Pay this amount: \$ _____

Purchase date: _____

Reason for purchase: _____

Request made by: _____

Send completed form to: LHiNC Finance
PO Box 24049
Minneapolis, MN 55424

Attach Proof
of Payment
or Invoice

To be completed by the Bookkeeper

Contract #: _____

Expense code: _____

Date paid: _____

Amount paid: _____

Check number/Online #: _____

To be completed by the Treasurer

Approved by: _____, Treasurer

This payment was reconciled by the Treasurer on _____. Initials: _____.
(date)